|   |   |            |                          |                 |                                  |                  |       |            |                   | Application or Docket Number |          |                            |                        |              |  |  |
|---|---|------------|--------------------------|-----------------|----------------------------------|------------------|-------|------------|-------------------|------------------------------|----------|----------------------------|------------------------|--------------|--|--|
| PATENT APPLICATION EEE DETERMINATION RECORD Effective Hovember 10, 1998  01931 846    |   |            |                          |                 |                                  |                  |       |            |                   |                              |          |                            |                        |              |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |            |                          |                 |                                  |                  |       |            | SMALL ENTITY TYPE |                              |          | OTHER THAN<br>SMALL ENTITY |                        |              |  |  |
| FOR   |   |            | NUMBE                    | RFILED          | NUMBER                           | NUMBER EXTRA     |       | RATE FEE   |                   | FEE                          | . [      | RATE                       | FEE                    |              |  |  |
| BASIC FEE .   |   |            |                          |                 |                                  |                  |       |            |                   |                              | OR       |                            |                        | 1            |  |  |
| TOTAL CLAIMS  |   |            | 4                        | minus 2         | O== •                            |                  |       |            |                   |                              | OR       |                            |                        |              |  |  |
| INDEPENDENT CLAIMS  |   |            | 2                        | minus :         | 3 = •                            |                  | ı     |            |                   |                              | OR       |                            |                        | 1            |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |            |                          |                 |                                  |                  |       |            |                   |                              | OR       |                            |                        | 1            |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |            |                          |                 |                                  |                  |       |            | L                 |                              | OR       | TOTAL                      |                        | ]            |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |   |            |                          |                 |                                  |                  |       |            |                   | ENTITY                       | OR       | OTHER<br>SMALL             |                        |              |  |  |
|   | ر د ایان  | d          | AMS                      | i I             | (Column 2)<br>Rightest           | (Column 3)       | ſ     | - CHIPM    |                   | ADDI-                        |          |                            | ADDI/                  | 4            |  |  |
| PATA  |   | A          | AINING<br>FTER<br>VOMENT |                 | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | l     | RATI       | =                 | TIONAL<br>FEE                |          | RATE                       | TIONAL                 | , <b>.</b>   |  |  |
| AMENDMENT A   | Total   | •          | 6                        | Minus           | ·· 10                            | - /              |       |            |                   |                              | OR       | ,                          |                        | · ·          |  |  |
|   | independent -   | <b>*</b> , | <u>.3</u>                | Minus           | ···3-··                          | -/               |       |            |                   |                              | OR       |                            |                        | <b>.</b><br> |  |  |
| 7   | FIRST PRESE   | NTATK      | ON OF MI                 | JUTIPLE DEP     | ENDENT CLAIM                     |                  | ı     |            |                   |                              | OR       | 7                          |                        | •            |  |  |
|   |   |            |                          |                 |                                  |                  |       | 10         |                   |                              |          | TOTAL                      |                        | •            |  |  |
|   | 2-10-0  | GON        | umn 1)_                  |                 | (Column 2)                       | (Column 3)       | 4     | ADOIT. F   | EE I              |                              |          | ADOIT, FEE                 |                        | •            |  |  |
| AMENDMENT B   |   | REM        | AIMS<br>WINING<br>FTER   |                 | HIGHEST<br>NUMBER<br>PREVIOUSLY  | PRESENT<br>EXTRA |       | RATI       | E                 | ADDI-<br>TIONAL              |          | RATE                       | ADDI-<br>TIONAL        | •            |  |  |
|   | Total   | AME        | MENT /                   | Minus           | PAID FOR                         | -                |       |            |                   | FEE                          |          |                            | _FEE_                  | <b>b</b>     |  |  |
|   | Independent   | •          |                          | Minus           | 44 3                             | =//              |       |            |                   |                              | OR       | 000                        | 20                     | <b>ን</b>     |  |  |
| W   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |            |                          |                 |                                  |                  |       |            |                   |                              | OR       | 200                        | 30                     | Ų            |  |  |
|   |   |            |                          |                 |                                  |                  |       |            |                   |                              | OR       |                            |                        | 2) and       |  |  |
| 0 = 0   |   |            |                          |                 |                                  |                  |       |            | AL<br>EE          | <u></u>                      | OR       | ADDIT. FEE                 | do                     | PR           |  |  |
|   | 1-5-01  | (Col       | umn 1)<br>AMS            |                 | (Column 2)                       | (Column 3)       |       |            |                   |                              |          |                            |                        |              |  |  |
| AMENDMENT C   | •   | REM        | MINING<br>FTER<br>NOMENT |                 | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |       | RATI       | E                 | ADDI-<br>TIONAL<br>FEE       |          | RATE                       | ADDI-<br>TIONAL<br>FEE |              |  |  |
|   | Total   |            | 11                       | Minus           | - 20                             | s .              |       |            |                   |                              | OR       |                            |                        | -            |  |  |
|   | Independent   | • "        | A                        | Minus           | <b>**</b> 3                      | 8                |       |            |                   |                              |          |                            |                        | •            |  |  |
| ¥   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |            |                          |                 |                                  |                  |       |            |                   |                              | OR       | <b> </b>                   | 1                      | • '          |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |            |                          |                 |                                  |                  |       |            |                   |                              | OR<br>OR | TOTAL                      | -                      | • .          |  |  |
| *   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo |            |                          |                 |                                  |                  |       |            |                   |                              |          |                            | LX                     | •            |  |  |
|   | The "Highest Nur  | nber Pre   | viously Pa               | id For (Total o | Independent) is th               | e highest numbe  | r fot | and in the | • ф               | propriete bo                 | K in o   | tumo 1.                    |                        | _            |  |  |